

Comments on the Illinois 1115 Family Planning Waiver Proposal

General

1. How is this proposal different from other waivers that seek to extend post-partum coverage for family planning services? What is the innovative feature of this waiver proposal?

Illinois' Family Planning Waiver addresses not only traditional family planning for eligible women but also encompasses reproductive health and women's health issues. Included in this will be mammography, when medically necessary, and referral to the Illinois Breast and Cervical Cancer Program if warranted, integrating it with the State's new program for covering women for those services. Collaboration with other agencies and entities to ensure referral to primary health care will be available and evaluated. Waiver participants are known to case management agencies and will continue to be served, ensuring voluntary follow-up with family planning services. Case management follow-up and monitoring will encourage EPSDT services, including immunizations, for children in the family. Monitoring of quality of care received by waiver participants will be performed through a collaborative medical record review conducted by the Department and DHS (the Title X agency). Collaboration with the Title X program as a partner to expand access to family planning services will be ongoing.

Target Population

2. The State has done a good job of describing the assumptions used to estimate the target population for the waiver. However, the State's evidence to support the assumption that the enrolled population will grow minimally over the life of the waiver is not strong. Does the State plan to cap enrollment at around 20,000?

Yes.

3. As stated on page 12, the State may phase in additional groups for coverage under this proposal as funding permits. Please explain what additional groups might be added and under what circumstances.

The additional groups that would be considered for coverage are uncovered mothers or female caretakers of children receiving Title XIX or Title XXI coverage and women who are enrolled in Medicaid Spend-Down up to 200% of FPL. These additional groups would be invited to participate if the estimated participation does not realize the anticipated 4% growth, reaching an estimated 23,000.

Eligibility

4. The State should be commended for making the enrollment and re-enrollment process so easy. However, since the re-enrollment process will not include an evaluation of the financial eligibility of targeted women, how will the State screen these women for full Medicaid eligibility? Will the State include information on eligibility for full Medicaid in the re-enrollment packet?

Prior to termination from Medicaid, an individual's eligibility for all Medicaid and SCHIP programs is reviewed. Women who are invited to participate in the waiver have been determined ineligible for all Medicaid and SCHIP programs. The invitation for both enrollment and re-enrollment states "if you have other medical needs or think that you are eligible for Medicaid, you may reapply for Medicaid at any time. Call 1-800-226-0768 (TTY 1-877-204-1012) to find out how and where to apply." This statement is also included on both the enrollment and re-enrollment forms (See Attachment 2). The Department will insert information on eligibility for full Medicaid and SCHIP in the enrollment and re-enrollment packages.

Budget Neutrality

5. The budget neutrality section is not calculated correctly. The basic family planning services, deliveries and first year costs were not included for the current population under the With Waiver costs section. Please refer to the CMS template and resubmit the calculations.

The budget is being resubmitted according to the CMS template format. CMS has advised the Department that births that would have occurred at some point during the first nine months of year six, but were avoided due to women using family planning services during year five of the waiver, could not be considered in the cost savings when calculating budget neutrality. As a result, the Department has changed the fertility rate used in the original budget calculation sheets from the conservative 8%, to 11.3%. As stated in the waiver, using data for Illinois as cited by the Title X program as well as well recognized leading authorities in the field, 113 pregnancies occur per 1,000 women aged 15-44 annually in Illinois. This change in fertility rate in the budget calculations should more accurately reflect the impact of the waiver by providing family planning services to women in the eligible population. Using the 11.3% fertility rate changes the overall savings of the waiver to \$9.2M and the total number of averted births over the life of the waiver to 6,645. Attached are three pages from the text of the waiver that have been updated to reflect these changes.

6. In the budget neutrality section, in footnote 7 on page 29, the State indicates that the number of Medicaid births did not include births to managed care enrollees. These births and their associated costs should be included in the budget neutrality worksheets. Also, please explain who is included in the population of the first-year infants.

Less than 1% of the pregnant women who become eligible for Medicaid at the enhanced income levels eventually enroll in the managed care program. This insignificant number will not materially change the budget neutrality and does not warrant including in the calculations. Additionally, the state does not receive complete encounter data which prohibits calculation of actual costs.

First year infants include Medicaid covered individuals from birth to age 1, enrolled in either the fee-for-service or managed care delivery systems.

7. How did the State estimate that 25% of averted births would be achieved in the first year of the waiver? Why did the State project that the full number of averted births would be achieved by the second year?

A calculation to estimate the number of averted births was used for each full year (12 months) of the waiver. A typical pregnancy lasts nine months, or 75% of a year. As a result, we cannot anticipate averted births for the first nine months (75%) of the first year of the waiver. When estimating averted births for the remaining three months (25%) of the first year of the waiver, 25% of the estimated number of averted births for the year was used. In the remaining years of the waiver, the full number (100%) of estimated averted births is used. The relatively low number of women who respond to the invitation to enroll in the waiver will self-select to enroll voluntarily. As a result, we expect those women who choose to enroll in the waiver to be highly motivated to experience compliance with family planning visits/methods.

Evaluation

8. Please provide more information about the evaluation plans for this proposal. The request indicates that the State will conduct some of the analysis and other components will be outsourced through a competitive process. Which agency within the State will have primary responsibility for the oversight and coordination of the proposed evaluation? What is the Focused Quality Study mentioned on page 6 for possible outsourcing?

The Department will have primary responsibility for oversight and coordination of the evaluation. The Department will use data collected by other State agencies for the purpose of this evaluation. The focus quality study (FQS) that is being considered is mentioned on page 27 of the waiver. The Department intends to utilize the Peer Review Organization under contract with the Department to conduct a study on whether the use of appropriate clinical care standards and guidelines and use of risk-appropriate services are being delivered to waiver participants. This will be accomplished through a medical record review. The review will assess whether referrals to primary care, when needed, are provided to participants. The Illinois Department of Human Services (DHS) conducts an annual evaluation of each Title X delegated agency to assure compliance with their quality assurance system. These

quality assurance initiatives will be coordinated. The Department will be notified by DHS of any deficiencies identified by their review and will work with DHS to resolve them. Quality improvement initiatives developed as a result of the FQS or quality reviews under Title X will be collaborative.

Attachment 3

With respect to the procedure codes, the State is being reminded of the following:

- The "Illinois State Generated W Codes" (page 1) would be eligible for 90 percent when accompanied by a family planning diagnosis code.
- As previously noted, the CPT Codes for Mammograms (page 4) would be eligible for the FMAP rate.
- The ICD-9 CM codes for STD's (page 4) would also only be eligible for the FMAP rate, since treatment of STDs is not considered a family planning service.